

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the FY2007
5 Budget Implementation (Human Services) Act.

6 Section 5. Purpose. It is the purpose of this Act to
7 implement the Governor's FY2007 budget recommendations
8 concerning human services.

9 Section 10. The Illinois Administrative Procedure Act is
10 amended by changing Section 5-45 and adding Section 5-46.2 as
11 follows:

12 (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

13 Sec. 5-45. Emergency rulemaking.

14 (a) "Emergency" means the existence of any situation that
15 any agency finds reasonably constitutes a threat to the public
16 interest, safety, or welfare.

17 (b) If any agency finds that an emergency exists that
18 requires adoption of a rule upon fewer days than is required by
19 Section 5-40 and states in writing its reasons for that
20 finding, the agency may adopt an emergency rule without prior
21 notice or hearing upon filing a notice of emergency rulemaking
22 with the Secretary of State under Section 5-70. The notice
23 shall include the text of the emergency rule and shall be
24 published in the Illinois Register. Consent orders or other
25 court orders adopting settlements negotiated by an agency may
26 be adopted under this Section. Subject to applicable
27 constitutional or statutory provisions, an emergency rule
28 becomes effective immediately upon filing under Section 5-65 or
29 at a stated date less than 10 days thereafter. The agency's
30 finding and a statement of the specific reasons for the finding

1 shall be filed with the rule. The agency shall take reasonable
2 and appropriate measures to make emergency rules known to the
3 persons who may be affected by them.

4 (c) An emergency rule may be effective for a period of not
5 longer than 150 days, but the agency's authority to adopt an
6 identical rule under Section 5-40 is not precluded. No
7 emergency rule may be adopted more than once in any 24 month
8 period, except that this limitation on the number of emergency
9 rules that may be adopted in a 24 month period does not apply
10 to (i) emergency rules that make additions to and deletions
11 from the Drug Manual under Section 5-5.16 of the Illinois
12 Public Aid Code or the generic drug formulary under Section
13 3.14 of the Illinois Food, Drug and Cosmetic Act, (ii)
14 emergency rules adopted by the Pollution Control Board before
15 July 1, 1997 to implement portions of the Livestock Management
16 Facilities Act, or (iii) emergency rules adopted by the
17 Illinois Department of Public Health under subsections (a)
18 through (i) of Section 2 of the Department of Public Health Act
19 when necessary to protect the public's health. Two or more
20 emergency rules having substantially the same purpose and
21 effect shall be deemed to be a single rule for purposes of this
22 Section.

23 (d) In order to provide for the expeditious and timely
24 implementation of the State's fiscal year 1999 budget,
25 emergency rules to implement any provision of Public Act 90-587
26 or 90-588 or any other budget initiative for fiscal year 1999
27 may be adopted in accordance with this Section by the agency
28 charged with administering that provision or initiative,
29 except that the 24-month limitation on the adoption of
30 emergency rules and the provisions of Sections 5-115 and 5-125
31 do not apply to rules adopted under this subsection (d). The
32 adoption of emergency rules authorized by this subsection (d)
33 shall be deemed to be necessary for the public interest,
34 safety, and welfare.

35 (e) In order to provide for the expeditious and timely
36 implementation of the State's fiscal year 2000 budget,

1 emergency rules to implement any provision of this amendatory
2 Act of the 91st General Assembly or any other budget initiative
3 for fiscal year 2000 may be adopted in accordance with this
4 Section by the agency charged with administering that provision
5 or initiative, except that the 24-month limitation on the
6 adoption of emergency rules and the provisions of Sections
7 5-115 and 5-125 do not apply to rules adopted under this
8 subsection (e). The adoption of emergency rules authorized by
9 this subsection (e) shall be deemed to be necessary for the
10 public interest, safety, and welfare.

11 (f) In order to provide for the expeditious and timely
12 implementation of the State's fiscal year 2001 budget,
13 emergency rules to implement any provision of this amendatory
14 Act of the 91st General Assembly or any other budget initiative
15 for fiscal year 2001 may be adopted in accordance with this
16 Section by the agency charged with administering that provision
17 or initiative, except that the 24-month limitation on the
18 adoption of emergency rules and the provisions of Sections
19 5-115 and 5-125 do not apply to rules adopted under this
20 subsection (f). The adoption of emergency rules authorized by
21 this subsection (f) shall be deemed to be necessary for the
22 public interest, safety, and welfare.

23 (g) In order to provide for the expeditious and timely
24 implementation of the State's fiscal year 2002 budget,
25 emergency rules to implement any provision of this amendatory
26 Act of the 92nd General Assembly or any other budget initiative
27 for fiscal year 2002 may be adopted in accordance with this
28 Section by the agency charged with administering that provision
29 or initiative, except that the 24-month limitation on the
30 adoption of emergency rules and the provisions of Sections
31 5-115 and 5-125 do not apply to rules adopted under this
32 subsection (g). The adoption of emergency rules authorized by
33 this subsection (g) shall be deemed to be necessary for the
34 public interest, safety, and welfare.

35 (h) In order to provide for the expeditious and timely
36 implementation of the State's fiscal year 2003 budget,

1 emergency rules to implement any provision of this amendatory
2 Act of the 92nd General Assembly or any other budget initiative
3 for fiscal year 2003 may be adopted in accordance with this
4 Section by the agency charged with administering that provision
5 or initiative, except that the 24-month limitation on the
6 adoption of emergency rules and the provisions of Sections
7 5-115 and 5-125 do not apply to rules adopted under this
8 subsection (h). The adoption of emergency rules authorized by
9 this subsection (h) shall be deemed to be necessary for the
10 public interest, safety, and welfare.

11 (i) In order to provide for the expeditious and timely
12 implementation of the State's fiscal year 2004 budget,
13 emergency rules to implement any provision of this amendatory
14 Act of the 93rd General Assembly or any other budget initiative
15 for fiscal year 2004 may be adopted in accordance with this
16 Section by the agency charged with administering that provision
17 or initiative, except that the 24-month limitation on the
18 adoption of emergency rules and the provisions of Sections
19 5-115 and 5-125 do not apply to rules adopted under this
20 subsection (i). The adoption of emergency rules authorized by
21 this subsection (i) shall be deemed to be necessary for the
22 public interest, safety, and welfare.

23 (j) In order to provide for the expeditious and timely
24 implementation of the provisions of the State's fiscal year
25 2005 budget as provided under the Fiscal Year 2005 Budget
26 Implementation (Human Services) Act, emergency rules to
27 implement any provision of the Fiscal Year 2005 Budget
28 Implementation (Human Services) Act may be adopted in
29 accordance with this Section by the agency charged with
30 administering that provision, except that the 24-month
31 limitation on the adoption of emergency rules and the
32 provisions of Sections 5-115 and 5-125 do not apply to rules
33 adopted under this subsection (j). The Department of Public Aid
34 may also adopt rules under this subsection (j) necessary to
35 administer the Illinois Public Aid Code and the Children's
36 Health Insurance Program Act. The adoption of emergency rules

1 authorized by this subsection (j) shall be deemed to be
2 necessary for the public interest, safety, and welfare.

3 (k) In order to provide for the expeditious and timely
4 implementation of the provisions of the State's fiscal year
5 2006 budget, emergency rules to implement any provision of this
6 amendatory Act of the 94th General Assembly or any other budget
7 initiative for fiscal year 2006 may be adopted in accordance
8 with this Section by the agency charged with administering that
9 provision or initiative, except that the 24-month limitation on
10 the adoption of emergency rules and the provisions of Sections
11 5-115 and 5-125 do not apply to rules adopted under this
12 subsection (k). The Department of Healthcare and Family
13 Services ~~Public Aid~~ may also adopt rules under this subsection
14 (k) necessary to administer the Illinois Public Aid Code, the
15 Senior Citizens and Disabled Persons Property Tax Relief and
16 Pharmaceutical Assistance Act, the Senior Citizens and
17 Disabled Persons Prescription Drug Discount Program Act, and
18 the Children's Health Insurance Program Act. The adoption of
19 emergency rules authorized by this subsection (k) shall be
20 deemed to be necessary for the public interest, safety, and
21 welfare.

22 (l) In order to provide for the expeditious and timely
23 implementation of the provisions of the State's fiscal year
24 2007 budget, the Department of Healthcare and Family Services
25 may adopt emergency rules during fiscal year 2007, including
26 rules effective July 1, 2007, in accordance with this
27 subsection to the extent necessary to administer the
28 Department's responsibilities with respect to amendments to
29 the State plans and Illinois waivers approved by the federal
30 Centers for Medicare and Medicaid Services necessitated by the
31 requirements of Title XIX and Title XXI of the federal Social
32 Security Act. The adoption of emergency rules authorized by
33 this subsection (l) shall be deemed to be necessary for the
34 public interest, safety, and welfare.

35 (Source: P.A. 93-20, eff. 6-20-03; 93-829, eff. 7-28-04;
36 93-841, eff. 7-30-04; 94-48, eff. 7-1-05; revised 12-5-05.)

1 (5 ILCS 100/5-46.2 new)

2 Sec. 5-46.2. Implementation of changes to State Medicaid
3 plan. In order to provide for the timely and expeditious
4 implementation of the federally approved amendment to the Title
5 XIX State Plan as authorized by subsection (r-5) of Section
6 5A-12.1 of the Illinois Public Aid Code, the Department of
7 Healthcare and Family Services may adopt any rules necessary to
8 implement changes resulting from that amendment to the hospital
9 access improvement payments authorized by Public Act 94-242 and
10 subsection (d) of Section 5A-2 of the Illinois Public Aid Code.
11 The Department is authorized to adopt rules implementing those
12 changes by emergency rulemaking. This emergency rulemaking
13 authority is granted by, and may be exercised only during, the
14 94th General Assembly.

15 Section 15. The Illinois Public Aid Code is amended by
16 changing Sections 5-5.4, 5A-2, and 5A-12.1 and adding Section
17 12-4.36 as follows:

18 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

19 Sec. 5-5.4. Standards of Payment - Department of Healthcare
20 and Family Services ~~Public Aid~~. The Department of Healthcare
21 and Family Services ~~Public Aid~~ shall develop standards of
22 payment of skilled nursing and intermediate care services in
23 facilities providing such services under this Article which:

24 (1) Provide for the determination of a facility's payment
25 for skilled nursing and intermediate care services on a
26 prospective basis. The amount of the payment rate for all
27 nursing facilities certified by the Department of Public Health
28 under the Nursing Home Care Act as Intermediate Care for the
29 Developmentally Disabled facilities, Long Term Care for Under
30 Age 22 facilities, Skilled Nursing facilities, or Intermediate
31 Care facilities under the medical assistance program shall be
32 prospectively established annually on the basis of historical,
33 financial, and statistical data reflecting actual costs from

1 prior years, which shall be applied to the current rate year
2 and updated for inflation, except that the capital cost element
3 for newly constructed facilities shall be based upon projected
4 budgets. The annually established payment rate shall take
5 effect on July 1 in 1984 and subsequent years. No rate increase
6 and no update for inflation shall be provided on or after July
7 1, 1994 and before July 1, 2007 ~~2006~~, unless specifically
8 provided for in this Section. The changes made by Public Act
9 93-841 ~~this amendatory Act of the 93rd General Assembly~~
10 extending the duration of the prohibition against a rate
11 increase or update for inflation are effective retroactive to
12 July 1, 2004.

13 For facilities licensed by the Department of Public Health
14 under the Nursing Home Care Act as Intermediate Care for the
15 Developmentally Disabled facilities or Long Term Care for Under
16 Age 22 facilities, the rates taking effect on July 1, 1998
17 shall include an increase of 3%. For facilities licensed by the
18 Department of Public Health under the Nursing Home Care Act as
19 Skilled Nursing facilities or Intermediate Care facilities,
20 the rates taking effect on July 1, 1998 shall include an
21 increase of 3% plus \$1.10 per resident-day, as defined by the
22 Department. For facilities licensed by the Department of Public
23 Health under the Nursing Home Care Act as Intermediate Care
24 Facilities for the Developmentally Disabled or Long Term Care
25 for Under Age 22 facilities, the rates taking effect on January
26 1, 2006 shall include an increase of 3%.

27 For facilities licensed by the Department of Public Health
28 under the Nursing Home Care Act as Intermediate Care for the
29 Developmentally Disabled facilities or Long Term Care for Under
30 Age 22 facilities, the rates taking effect on July 1, 1999
31 shall include an increase of 1.6% plus \$3.00 per resident-day,
32 as defined by the Department. For facilities licensed by the
33 Department of Public Health under the Nursing Home Care Act as
34 Skilled Nursing facilities or Intermediate Care facilities,
35 the rates taking effect on July 1, 1999 shall include an
36 increase of 1.6% and, for services provided on or after October

1 1, 1999, shall be increased by \$4.00 per resident-day, as
2 defined by the Department.

3 For facilities licensed by the Department of Public Health
4 under the Nursing Home Care Act as Intermediate Care for the
5 Developmentally Disabled facilities or Long Term Care for Under
6 Age 22 facilities, the rates taking effect on July 1, 2000
7 shall include an increase of 2.5% per resident-day, as defined
8 by the Department. For facilities licensed by the Department of
9 Public Health under the Nursing Home Care Act as Skilled
10 Nursing facilities or Intermediate Care facilities, the rates
11 taking effect on July 1, 2000 shall include an increase of 2.5%
12 per resident-day, as defined by the Department.

13 For facilities licensed by the Department of Public Health
14 under the Nursing Home Care Act as skilled nursing facilities
15 or intermediate care facilities, a new payment methodology must
16 be implemented for the nursing component of the rate effective
17 July 1, 2003. The Department of Public Aid (now Healthcare and
18 Family Services) shall develop the new payment methodology
19 using the Minimum Data Set (MDS) as the instrument to collect
20 information concerning nursing home resident condition
21 necessary to compute the rate. The Department ~~of Public Aid~~
22 shall develop the new payment methodology to meet the unique
23 needs of Illinois nursing home residents while remaining
24 subject to the appropriations provided by the General Assembly.
25 A transition period from the payment methodology in effect on
26 June 30, 2003 to the payment methodology in effect on July 1,
27 2003 shall be provided for a period not exceeding 3 years after
28 implementation of the new payment methodology as follows:

29 (A) For a facility that would receive a lower nursing
30 component rate per patient day under the new system than
31 the facility received effective on the date immediately
32 preceding the date that the Department implements the new
33 payment methodology, the nursing component rate per
34 patient day for the facility shall be held at the level in
35 effect on the date immediately preceding the date that the
36 Department implements the new payment methodology until a

1 higher nursing component rate of reimbursement is achieved
2 by that facility.

3 (B) For a facility that would receive a higher nursing
4 component rate per patient day under the payment
5 methodology in effect on July 1, 2003 than the facility
6 received effective on the date immediately preceding the
7 date that the Department implements the new payment
8 methodology, the nursing component rate per patient day for
9 the facility shall be adjusted.

10 (C) Notwithstanding paragraphs (A) and (B), the
11 nursing component rate per patient day for the facility
12 shall be adjusted subject to appropriations provided by the
13 General Assembly.

14 For facilities licensed by the Department of Public Health
15 under the Nursing Home Care Act as Intermediate Care for the
16 Developmentally Disabled facilities or Long Term Care for Under
17 Age 22 facilities, the rates taking effect on March 1, 2001
18 shall include a statewide increase of 7.85%, as defined by the
19 Department.

20 For facilities licensed by the Department of Public Health
21 under the Nursing Home Care Act as Intermediate Care for the
22 Developmentally Disabled facilities or Long Term Care for Under
23 Age 22 facilities, the rates taking effect on April 1, 2002
24 shall include a statewide increase of 2.0%, as defined by the
25 Department. This increase terminates on July 1, 2002; beginning
26 July 1, 2002 these rates are reduced to the level of the rates
27 in effect on March 31, 2002, as defined by the Department.

28 For facilities licensed by the Department of Public Health
29 under the Nursing Home Care Act as skilled nursing facilities
30 or intermediate care facilities, the rates taking effect on
31 July 1, 2001 shall be computed using the most recent cost
32 reports on file with the Department of Public Aid no later than
33 April 1, 2000, updated for inflation to January 1, 2001. For
34 rates effective July 1, 2001 only, rates shall be the greater
35 of the rate computed for July 1, 2001 or the rate effective on
36 June 30, 2001.

1 Notwithstanding any other provision of this Section, for
2 facilities licensed by the Department of Public Health under
3 the Nursing Home Care Act as skilled nursing facilities or
4 intermediate care facilities, the Illinois Department shall
5 determine by rule the rates taking effect on July 1, 2002,
6 which shall be 5.9% less than the rates in effect on June 30,
7 2002.

8 Notwithstanding any other provision of this Section, for
9 facilities licensed by the Department of Public Health under
10 the Nursing Home Care Act as skilled nursing facilities or
11 intermediate care facilities, if the payment methodologies
12 required under Section 5A-12 and the waiver granted under 42
13 CFR 433.68 are approved by the United States Centers for
14 Medicare and Medicaid Services, the rates taking effect on July
15 1, 2004 shall be 3.0% greater than the rates in effect on June
16 30, 2004. These rates shall take effect only upon approval and
17 implementation of the payment methodologies required under
18 Section 5A-12.

19 Notwithstanding any other provisions of this Section, for
20 facilities licensed by the Department of Public Health under
21 the Nursing Home Care Act as skilled nursing facilities or
22 intermediate care facilities, the rates taking effect on
23 January 1, 2005 shall be 3% more than the rates in effect on
24 December 31, 2004.

25 Notwithstanding any other provisions of this Section, for
26 facilities licensed by the Department of Public Health under
27 the Nursing Home Care Act as intermediate care facilities that
28 are federally defined as Institutions for Mental Disease, a
29 socio-development component rate equal to 6.6% of the
30 facility's nursing component rate as of January 1, 2006 shall
31 be established and paid effective July 1, 2006. The Illinois
32 Department may by rule adjust these socio-development
33 component rates, but in no case may such rates be diminished.

34 For facilities licensed by the Department of Public Health
35 under the Nursing Home Care Act as Intermediate Care for the
36 Developmentally Disabled facilities or as long-term care

1 facilities for residents under 22 years of age, the rates
2 taking effect on July 1, 2003 shall include a statewide
3 increase of 4%, as defined by the Department.

4 Notwithstanding any other provision of this Section, for
5 facilities licensed by the Department of Public Health under
6 the Nursing Home Care Act as skilled nursing facilities or
7 intermediate care facilities, effective January 1, 2005,
8 facility rates shall be increased by the difference between (i)
9 a facility's per diem property, liability, and malpractice
10 insurance costs as reported in the cost report filed with the
11 Department of Public Aid and used to establish rates effective
12 July 1, 2001 and (ii) those same costs as reported in the
13 facility's 2002 cost report. These costs shall be passed
14 through to the facility without caps or limitations, except for
15 adjustments required under normal auditing procedures.

16 Rates established effective each July 1 shall govern
17 payment for services rendered throughout that fiscal year,
18 except that rates established on July 1, 1996 shall be
19 increased by 6.8% for services provided on or after January 1,
20 1997. Such rates will be based upon the rates calculated for
21 the year beginning July 1, 1990, and for subsequent years
22 thereafter until June 30, 2001 shall be based on the facility
23 cost reports for the facility fiscal year ending at any point
24 in time during the previous calendar year, updated to the
25 midpoint of the rate year. The cost report shall be on file
26 with the Department no later than April 1 of the current rate
27 year. Should the cost report not be on file by April 1, the
28 Department shall base the rate on the latest cost report filed
29 by each skilled care facility and intermediate care facility,
30 updated to the midpoint of the current rate year. In
31 determining rates for services rendered on and after July 1,
32 1985, fixed time shall not be computed at less than zero. The
33 Department shall not make any alterations of regulations which
34 would reduce any component of the Medicaid rate to a level
35 below what that component would have been utilizing in the rate
36 effective on July 1, 1984.

1 (2) Shall take into account the actual costs incurred by
2 facilities in providing services for recipients of skilled
3 nursing and intermediate care services under the medical
4 assistance program.

5 (3) Shall take into account the medical and psycho-social
6 characteristics and needs of the patients.

7 (4) Shall take into account the actual costs incurred by
8 facilities in meeting licensing and certification standards
9 imposed and prescribed by the State of Illinois, any of its
10 political subdivisions or municipalities and by the U.S.
11 Department of Health and Human Services pursuant to Title XIX
12 of the Social Security Act.

13 The Department of Healthcare and Family Services ~~Public Aid~~
14 shall develop precise standards for payments to reimburse
15 nursing facilities for any utilization of appropriate
16 rehabilitative personnel for the provision of rehabilitative
17 services which is authorized by federal regulations, including
18 reimbursement for services provided by qualified therapists or
19 qualified assistants, and which is in accordance with accepted
20 professional practices. Reimbursement also may be made for
21 utilization of other supportive personnel under appropriate
22 supervision.

23 (Source: P.A. 93-20, eff. 6-20-03; 93-649, eff. 1-8-04; 93-659,
24 eff. 2-3-04; 93-841, eff. 7-30-04; 93-1087, eff. 2-28-05;
25 94-48, eff. 7-1-05; 94-85, eff. 6-28-05; 94-697, eff. 11-21-05;
26 revised 12-15-05.)

27 (305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

28 (Section scheduled to be repealed on July 1, 2008)

29 Sec. 5A-2. Assessment; no local authorization to tax.

30 (a) Subject to Sections 5A-3 and 5A-10, an annual
31 assessment on inpatient services is imposed on each hospital
32 provider in an amount equal to the hospital's occupied bed days
33 multiplied by \$84.19 multiplied by the proration factor for
34 State fiscal year 2004 and the hospital's occupied bed days
35 multiplied by \$84.19 for State fiscal year 2005.

1 The Department of Healthcare and Family Services ~~Public Aid~~
2 shall use the number of occupied bed days as reported by each
3 hospital on the Annual Survey of Hospitals conducted by the
4 Department of Public Health to calculate the hospital's annual
5 assessment. If the sum of a hospital's occupied bed days is not
6 reported on the Annual Survey of Hospitals or if there are data
7 errors in the reported sum of a hospital's occupied bed days as
8 determined by the Department of Healthcare and Family Services
9 (formerly Department of Public Aid), then the Department of
10 Healthcare and Family Services ~~Public Aid~~ may obtain the sum of
11 occupied bed days from any source available, including, but not
12 limited to, records maintained by the hospital provider, which
13 may be inspected at all times during business hours of the day
14 by the Department of Healthcare and Family Services ~~Public Aid~~
15 or its duly authorized agents and employees.

16 Subject to Sections 5A-3 and 5A-10, for the privilege of
17 engaging in the occupation of hospital provider, beginning
18 August 1, 2005, an annual assessment is imposed on each
19 hospital provider for State fiscal years 2006, 2007, and 2008,
20 in an amount equal to 2.5835% of the hospital provider's
21 adjusted gross hospital revenue for inpatient services and
22 2.5835% of the hospital provider's adjusted gross hospital
23 revenue for outpatient services. If the hospital provider's
24 adjusted gross hospital revenue is not available, then the
25 Illinois Department may obtain the hospital provider's
26 adjusted gross hospital revenue from any source available,
27 including, but not limited to, records maintained by the
28 hospital provider, which may be inspected at all times during
29 business hours of the day by the Illinois Department or its
30 duly authorized agents and employees.

31 (b) Nothing in this Article shall be construed to authorize
32 any home rule unit or other unit of local government to license
33 for revenue or to impose a tax or assessment upon hospital
34 providers or the occupation of hospital provider, or a tax or
35 assessment measured by the income or earnings of a hospital
36 provider.

1 (c) As provided in Section 5A-14, this Section is repealed
2 on July 1, 2008.

3 (d) Notwithstanding any of the other provisions of this
4 Section, the Department is authorized, during this 94th General
5 Assembly, to adopt rules to reduce the rate of any annual
6 assessment imposed under this Section, as authorized by Section
7 5-46.2 of the Illinois Administrative Procedure Act.

8 (Source: P.A. 93-659, eff. 2-3-04; 93-841, eff. 7-30-04;
9 93-1066, eff. 1-15-05; 94-242, eff. 7-18-05; revised
10 12-15-05.)

11 (305 ILCS 5/5A-12.1)

12 (Section scheduled to be repealed on July 1, 2008)

13 Sec. 5A-12.1. Hospital access improvement payments.

14 (a) To preserve and improve access to hospital services,
15 for hospital services rendered on or after August 1, 2005, the
16 Department of Public Aid shall make payments to hospitals as
17 set forth in this Section, except for hospitals described in
18 subsection (b) of Section 5A-3. These payments shall be paid on
19 a quarterly basis. For State fiscal year 2006, once the
20 approval of the payment methodology required under this Section
21 and any waiver required under 42 CFR 433.68 by the Centers for
22 Medicare and Medicaid Services of the U.S. Department of Health
23 and Human Services is received, the Department shall pay the
24 total amounts required for fiscal year 2006 under this Section
25 within 100 days of the latest notification. In State fiscal
26 years 2007 and 2008, the total amounts required under this
27 Section shall be paid in 4 equal installments on or before the
28 seventh State business day of September, December, March, and
29 May, except that if the date of notification of the approval of
30 the payment methodologies required under this Section and any
31 waiver required under 42 CFR 433.68 is on or after July 1,
32 2006, the sum of amounts required under this Section prior to
33 the date of notification shall be paid within 100 days of the
34 date of the last notification. Payments under this Section are
35 not due and payable, however, until (i) the methodologies

1 described in this Section are approved by the federal
2 government in an appropriate State Plan amendment, (ii) the
3 assessment imposed under this Article is determined to be a
4 permissible tax under Title XIX of the Social Security Act, and
5 (iii) the assessment is in effect.

6 (b) Medicaid eligibility payment. In addition to amounts
7 paid for inpatient hospital services, the Department shall pay
8 each Illinois hospital (except for hospitals described in
9 Section 5A-3) for each inpatient Medicaid admission in State
10 fiscal year 2003, \$430 multiplied by the percentage by which
11 the number of Medicaid recipients in the county in which the
12 hospital is located increased from State fiscal year 1998 to
13 State fiscal year 2003.

14 (c) Medicaid high volume adjustment.

15 (1) In addition to rates paid for inpatient hospital
16 services, the Department shall pay to each Illinois
17 hospital (except for hospitals that qualify for Medicaid
18 Percentage Adjustment payments under 89 Ill. Adm. Code
19 148.122 for the 12-month period beginning on October 1,
20 2004) that provided more than 10,000 Medicaid inpatient
21 days of care (determined using the hospital's fiscal year
22 2002 Medicaid cost report on file with the Department on
23 July 1, 2004) amounts as follows:

24 (i) for hospitals that provided more than 10,000
25 Medicaid inpatient days of care but less than or equal
26 to 14,500 Medicaid inpatient days of care, \$90 for each
27 Medicaid inpatient day of care provided during that
28 period; and

29 (ii) for hospitals that provided more than 14,500
30 Medicaid inpatient days of care but less than or equal
31 to 18,500 Medicaid inpatient days of care, \$135 for
32 each Medicaid inpatient day of care provided during
33 that period; and

34 (iii) for hospitals that provided more than 18,500
35 Medicaid inpatient days of care but less than or equal
36 to 20,000 Medicaid inpatient days of care, \$225 for

1 each Medicaid inpatient day of care provided during
2 that period; and

3 (iv) for hospitals that provided more than 20,000
4 Medicaid inpatient days of care, \$900 for each Medicaid
5 inpatient day of care provided during that period.

6 Provided, however, that no hospital shall receive more
7 than \$19,000,000 per year in such payments under
8 subparagraphs (i), (ii), (iii), and (iv).

9 (2) In addition to rates paid for inpatient hospital
10 services, the Department shall pay to each Illinois general
11 acute care hospital that as of October 1, 2004, qualified
12 for Medicaid percentage adjustment payments under 89 Ill.
13 Adm. Code 148.122 and provided more than 21,000 Medicaid
14 inpatient days of care (determined using the hospital's
15 fiscal year 2002 Medicaid cost report on file with the
16 Department on July 1, 2004) \$35 for each Medicaid inpatient
17 day of care provided during that period. Provided, however,
18 that no hospital shall receive more than \$1,200,000 per
19 year in such payments.

20 (d) Intensive care adjustment. In addition to rates paid
21 for inpatient services, the Department shall pay an adjustment
22 payment to each Illinois general acute care hospital located in
23 a large urban area that, based on the hospital's fiscal year
24 2002 Medicaid cost report, had a ratio of Medicaid intensive
25 care unit days to total Medicaid days greater than 19%. If such
26 ratio for the hospital is less than 30%, the hospital shall be
27 paid an adjustment payment for each Medicaid inpatient day of
28 care provided equal to \$1,000 multiplied by the hospital's
29 ratio of Medicaid intensive care days to total Medicaid days.
30 If such ratio for the hospital is equal to or greater than 30%,
31 the hospital shall be paid an adjustment payment for each
32 Medicaid inpatient day of care provided equal to \$2,800
33 multiplied by the hospital's ratio of Medicaid intensive care
34 days to total Medicaid days.

35 (e) Trauma center adjustments.

36 (1) In addition to rates paid for inpatient hospital

1 services, the Department shall pay to each Illinois general
2 acute care hospital that as of January 1, 2005, was
3 designated as a Level I trauma center and is either located
4 in a large urban area or is located in an other urban area
5 and as of October 1, 2004 qualified for Medicaid percentage
6 adjustment payments under 89 Ill. Adm. Code 148.122, a
7 payment equal to \$800 multiplied by the hospital's Medicaid
8 intensive care unit days (excluding Medicare crossover
9 days). This payment shall be calculated based on data from
10 the hospital's 2002 cost report on file with the Department
11 on July 1, 2004. For hospitals located in large urban areas
12 outside of a city with a population in excess of 1,000,000
13 people, the payment required under this subsection shall be
14 multiplied by 4.5. For hospitals located in other urban
15 areas, the payment required under this subsection shall be
16 multiplied by 8.5.

17 (2) In addition to rates paid for inpatient hospital
18 services, the Department shall pay an additional payment to
19 each Illinois general acute care hospital that as of
20 January 1, 2005, was designated as a Level II trauma center
21 and is located in a county with a population in excess of
22 3,000,000 people. The payment shall equal \$4,000 per day
23 for the first 500 Medicaid inpatient days, \$2,000 per day
24 for the Medicaid inpatient days between 501 and 1,500, and
25 \$100 per day for any Medicaid inpatient day in excess of
26 1,500. This payment shall be calculated based on data from
27 the hospital's 2002 cost report on file with the Department
28 on July 1, 2004.

29 (3) In addition to rates paid for inpatient hospital
30 services, the Department shall pay an additional payment to
31 each Illinois general acute care hospital that as of
32 January 1, 2005, was designated as a Level II trauma
33 center, is located in a large urban area outside of a
34 county with a population in excess of 3,000,000 people, and
35 as of January 1, 2005, was designated a Level III perinatal
36 center or designated a Level II or II+ prenatal center that

1 has a ratio of Medicaid intensive care unit days to total
2 Medicaid days greater than 5%. The payment shall equal
3 \$4,000 per day for the first 500 Medicaid inpatient days,
4 \$2,000 per day for the Medicaid inpatient days between 501
5 and 1,500, and \$100 per day for any Medicaid inpatient day
6 in excess of 1,500. This payment shall be calculated based
7 on data from the hospital's 2002 cost report on file with
8 the Department on July 1, 2004.

9 (4) In addition to rates paid for inpatient hospital
10 services, the Department shall pay an additional payment to
11 each Illinois children's hospital that as of January 1,
12 2005, was designated a Level I pediatric trauma center that
13 had more than 30,000 Medicaid days in State fiscal year
14 2003 and to each Level I pediatric trauma center located
15 outside of Illinois and that had more than 700 Illinois
16 Medicaid cases in State fiscal year 2003. The amount of
17 such payment shall equal \$325 multiplied by the hospital's
18 Medicaid intensive care unit days, and this payment shall
19 be multiplied by 2.25 for hospitals located outside of
20 Illinois. This payment shall be calculated based on data
21 from the hospital's 2002 cost report on file with the
22 Department on July 1, 2004.

23 (5) Notwithstanding any other provision of this
24 subsection, a children's hospital, as defined in 89 Ill.
25 Adm. Code 149.50(c)(3)(B), is not eligible for the payments
26 described in paragraphs (1), (2), and (3) of this
27 subsection.

28 (f) Psychiatric rate adjustment.

29 (1) In addition to rates paid for inpatient psychiatric
30 services, the Department shall pay each Illinois
31 psychiatric hospital and general acute care hospital with a
32 distinct part psychiatric unit, for each Medicaid
33 inpatient psychiatric day of care provided in State fiscal
34 year 2003, an amount equal to \$420 less the hospital's per
35 diem rate for Medicaid inpatient psychiatric services as in
36 effect on July 1, 2002. In no event, however, shall that

1 amount be less than zero.

2 (2) For Illinois psychiatric hospitals and distinct
3 part psychiatric units of Illinois general acute care
4 hospitals whose inpatient per diem rate as in effect on
5 July 1, 2002 is greater than \$420, the Department shall
6 pay, in addition to any other amounts authorized under this
7 Code, \$40 for each Medicaid inpatient psychiatric day of
8 care provided in State fiscal year 2003.

9 (3) In addition to rates paid for inpatient psychiatric
10 services, for Illinois psychiatric hospitals located in a
11 county with a population in excess of 3,000,000 people that
12 did not qualify for Medicaid percentage adjustment
13 payments under 89 Ill. Adm. Code 148.122 for the 12-month
14 period beginning on October 1, 2004, the Illinois
15 Department shall make an adjustment payment of \$150 for
16 each Medicaid inpatient psychiatric day of care provided by
17 the hospital in State fiscal year 2003. In addition to
18 rates paid for inpatient psychiatric services, for
19 Illinois psychiatric hospitals located in a county with a
20 population in excess of 3,000,000 people, but outside of a
21 city with a population in excess of 1,000,000 people, that
22 did qualify for Medicaid percentage adjustment payments
23 under 89 Ill. Adm. Code 148.122 for the 12-month period
24 beginning on October 1, 2004, the Illinois Department shall
25 make an adjustment payment of \$20 for each Medicaid
26 inpatient psychiatric day of care provided by the hospital
27 in State fiscal year 2003.

28 (g) Rehabilitation adjustment.

29 (1) In addition to rates paid for inpatient
30 rehabilitation services, the Department shall pay each
31 Illinois general acute care hospital with a distinct part
32 rehabilitation unit that had at least 40 beds as reported
33 on the hospital's 2003 Medicaid cost report on file with
34 the Department as of March 31, 2005, for each Medicaid
35 inpatient day of care provided during State fiscal year
36 2003, an amount equal to \$230.

1 (2) In addition to rates paid for inpatient
2 rehabilitation services, for Illinois rehabilitation
3 hospitals that did not qualify for Medicaid percentage
4 adjustment payments under 89 Ill. Adm. Code 148.122 for the
5 12-month period beginning on October 1, 2004, the Illinois
6 Department shall make an adjustment payment of \$200 for
7 each Medicaid inpatient day of care provided during State
8 fiscal year 2003.

9 (h) Supplemental tertiary care adjustment. In addition to
10 rates paid for inpatient services, the Department shall pay to
11 each Illinois hospital eligible for tertiary care adjustment
12 payments under 89 Ill. Adm. Code 148.296, as in effect for
13 State fiscal year 2005, a supplemental tertiary care adjustment
14 payment equal to 2.5 multiplied by the tertiary care adjustment
15 payment required under 89 Ill. Adm. Code 148.296, as in effect
16 for State fiscal year 2005.

17 (i) Crossover percentage adjustment. In addition to rates
18 paid for inpatient services, the Department shall pay each
19 Illinois general acute care hospital, excluding any hospital
20 defined as a cancer center hospital in rules by the Department,
21 located in an urban area that provided over 500 days of
22 inpatient care to Medicaid recipients, that had a ratio of
23 crossover days to total Medicaid days, utilizing information
24 used for the Medicaid percentage adjustment determination
25 described in 84 Ill. Adm. Code 148.122, effective October 1,
26 2004, of greater than 40%, and that does not qualify for
27 Medicaid percentage adjustment payments under 89 Ill. Adm. Code
28 148.122, on October 1, 2004, an amount as follows:

29 (1) for hospitals located in an other urban area, \$140
30 per Medicaid inpatient day (including crossover days);

31 (2) for hospitals located in a large urban area whose
32 ratio of crossover days to total Medicaid days is less than
33 55%, \$350 per Medicaid inpatient day (including crossover
34 days);

35 (3) for hospitals located in a large urban area whose
36 ratio of crossover days to total Medicaid days is equal to

1 or greater than 55%, \$1,400 per Medicaid inpatient day
2 (including crossover days).

3 The term "Medicaid days" in paragraphs (1), (2), and (3) of
4 this subsection (i) means the Medicaid days utilized for the
5 Medicaid percentage adjustment determination described in 89
6 Ill. Adm. Code 148.122 for the October 1, 2004 determination.

7 (j) Long term acute care hospital adjustment. In addition
8 to rates paid for inpatient services, the Department shall pay
9 each Illinois long term acute care hospital that, as of October
10 1, 2004, qualified for a Medicaid percentage adjustment under
11 89 Ill. Adm. Code 148.122, \$125 for each Medicaid inpatient day
12 of care provided in State fiscal year 2003. In addition to
13 rates paid for inpatient services, the Department shall pay
14 each long term acute care hospital that, as of October 1, 2004,
15 did not qualify for a Medicaid percentage adjustment under 89
16 Ill. Adm. Code 148.122, \$1,250 for each Medicaid inpatient day
17 of care provided in State fiscal year 2003. For purposes of
18 this subsection, "long term acute care hospital" means a
19 hospital that (i) is not a psychiatric hospital, rehabilitation
20 hospital, or children's hospital and (ii) has an average length
21 of inpatient stay greater than 25 days.

22 (k) Obstetrical care adjustments.

23 (1) In addition to rates paid for inpatient services,
24 the Department shall pay each Illinois hospital an amount
25 equal to \$550 multiplied by each Medicaid obstetrical day
26 of care provided by the hospital in State fiscal year 2003.

27 (2) In addition to rates paid for inpatient services,
28 the Department shall pay each Illinois hospital that
29 qualified as a Medicaid disproportionate share hospital
30 under 89 Ill. Adm. Code 148.120 as of October 1, 2004, and
31 that had a Medicaid obstetrical percentage greater than 10%
32 and a Medicaid emergency care percentage greater than 40%,
33 an amount equal to \$650 multiplied by each Medicaid
34 obstetrical day of care provided by the hospital in State
35 fiscal year 2003.

36 (3) In addition to rates paid for inpatient services,

1 the Department shall pay each Illinois hospital that is
2 located in the St. Louis metropolitan statistical area and
3 that provided more than 500 Medicaid obstetrical days of
4 care in State fiscal year 2003, an amount equal to \$1,800
5 multiplied by each Medicaid obstetrical day of care
6 provided by the hospital in State fiscal year 2003.

7 (4) In addition to rates paid for inpatient services,
8 the Department shall pay \$600 for each Medicaid obstetrical
9 day of care provided in State fiscal year 2003 by each
10 Illinois hospital that (i) is located in a large urban
11 area, (ii) is located in a county whose number of Medicaid
12 recipients increased from State fiscal year 1998 to State
13 fiscal year 2003 by more than 60%, and (iii) that had a
14 Medicaid obstetrical percentage used for the October 1,
15 2004, Medicaid percentage adjustment determination
16 described in 89 Ill. Adm. Code 148.122 greater than 25%.

17 (5) In addition to rates paid for inpatient services,
18 the Department shall pay \$400 for each Medicaid obstetrical
19 day of care provided in State fiscal year 2003 by each
20 Illinois rural hospital that (i) was designated a Level II
21 perinatal center as of January 1, 2005, (ii) had a Medicaid
22 inpatient utilization rate greater than 34% in State fiscal
23 year 2002, and (iii) had a Medicaid obstetrical percentage
24 used for the October 1, 2004, Medicaid percentage
25 adjustment determination described in 89 Ill. Adm. Code
26 148.122 greater than 15%.

27 (1) Outpatient access payments. In addition to the rates
28 paid for outpatient hospital services, the Department shall pay
29 each Illinois hospital (except for hospitals described in
30 Section 5A-3), an amount equal to 2.38 multiplied by the
31 hospital's outpatient ambulatory procedure listing payments
32 for services provided during State fiscal year 2003 multiplied
33 by the percentage by which the number of Medicaid recipients in
34 the county in which the hospital is located increased from
35 State fiscal year 1998 to State fiscal year 2003.

36 (m) Outpatient utilization payment.

1 (1) In addition to the rates paid for outpatient
2 hospital services, the Department shall pay each Illinois
3 rural hospital, an amount equal to 1.7 multiplied by the
4 hospital's outpatient ambulatory procedure listing
5 payments for services provided during State fiscal year
6 2003.

7 (2) In addition to the rates paid for outpatient
8 hospital services, the Department shall pay each Illinois
9 hospital located in an urban area, an amount equal to 0.45
10 multiplied by the hospital's outpatient ambulatory
11 procedure listing payments received for services provided
12 during State fiscal year 2003.

13 (n) Outpatient complexity of care adjustment. In addition
14 to the rates paid for outpatient hospital services, the
15 Department shall pay each Illinois hospital located in an urban
16 area an amount equal to 2.55 multiplied by the hospital's
17 emergency care percentage multiplied by the hospital's
18 outpatient ambulatory procedure listing payments received for
19 services provided during State fiscal year 2003. For children's
20 hospitals with an inpatient utilization rate used for the
21 October 1, 2004, Medicaid percentage adjustment determination
22 described in 89 Ill. Adm. Code 148.122 greater than 90%, this
23 adjustment shall be multiplied by 2. For cancer center
24 hospitals, this adjustment shall be multiplied by 3.

25 (o) Rehabilitation hospital adjustment. In addition to the
26 rates paid for outpatient hospital services, the Department
27 shall pay each Illinois freestanding rehabilitation hospital
28 that does not qualify for a Medicaid percentage adjustment
29 under 89 Ill. Adm. Code 148.122 as of October 1, 2004, an
30 amount equal to 3 multiplied by the hospital's outpatient
31 ambulatory procedure listing payments for Group 6A services
32 provided during State fiscal year 2003.

33 (p) Perinatal outpatient adjustment. In addition to the
34 rates paid for outpatient hospital services, the Department
35 shall pay an adjustment payment to each large urban general
36 acute care hospital that is designated as a perinatal center as

1 of January 1, 2005, has a Medicaid obstetrical percentage of at
2 least 10% used for the October 1, 2004, Medicaid percentage
3 adjustment determination described in 89 Ill. Adm. Code
4 148.122, has a Medicaid intensive care unit percentage of at
5 least 3%, and has a ratio of ambulatory procedure listing Level
6 3 services to total ambulatory procedure listing services of at
7 least 50%. The amount of the adjustment payment under this
8 subsection shall be \$550 multiplied by the hospital's
9 outpatient ambulatory procedure listing Level 3A services
10 provided in State fiscal year 2003. If the hospital, as of
11 January 1, 2005, was designated a Level III or II+ perinatal
12 center, the adjustment payments required by this subsection
13 shall be multiplied by 4.

14 (q) Supplemental psychiatric adjustment payments. In
15 addition to rates paid for inpatient services, the Department
16 shall pay to each Illinois hospital that does not qualify for
17 Medicaid percentage adjustments described in 89 Ill. Adm. Code
18 148.122 but is eligible for psychiatric adjustment payments
19 under 89 Ill. Adm. Code 148.105 for State fiscal year 2005, a
20 supplemental psychiatric adjustment payment equal to 0.7
21 multiplied by the psychiatric adjustment payment required
22 under 89 Ill. Adm. Code 148.105, as in effect for State fiscal
23 year 2005.

24 (r) Outpatient community access adjustment. In addition to
25 the rates paid for outpatient hospital services, the Department
26 shall pay an adjustment payment to each general acute care
27 hospital that is designated as a perinatal center as of January
28 1, 2005, that had a Medicaid obstetrical percentage used for
29 the October 1, 2004, Medicaid percentage adjustment
30 determination described in 89 Ill. Adm. Code 148.122 of at
31 least 12.5%, that had a ratio of crossover days to total
32 Medicaid days utilizing information used for the Medicaid
33 percentage adjustment described in 89 Ill. Adm. Code 148.122
34 determination effective October 1, 2004, of greater than or
35 equal to 25%, and that qualified for the Medicaid percentage
36 adjustment payments under 89 Ill. Adm. Code 148.122 on October

1 1, 2004, an amount equal to \$100 multiplied by the hospital's
2 outpatient ambulatory procedure listing services provided
3 during State fiscal year 2003.

4 (r-5) Notwithstanding any of the other provisions of this
5 Section, the Department is authorized, during this 94th General
6 Assembly, to adopt rules that change the hospital access
7 improvement payments specified in this Section, but only to the
8 extent necessary to conform to any federally approved amendment
9 to the Title XIX State plan. Any such rules shall be adopted by
10 the Department, as authorized by Section 5-46.2 of the Illinois
11 Administrative Procedure Act. Notwithstanding any other
12 provision of law, any changes implemented in relation to Public
13 Act 94-242 shall be given retroactive effect so that they shall
14 be deemed to have taken effect as of the effective date of that
15 Public Act.

16 (s) Definitions. Unless the context requires otherwise or
17 unless provided otherwise in this Section, the terms used in
18 this Section for qualifying criteria and payment calculations
19 shall have the same meanings as those terms have been given in
20 the Illinois Department's administrative rules as in effect on
21 May 1, 2005. Other terms shall be defined by the Illinois
22 Department by rule.

23 As used in this Section, unless the context requires
24 otherwise:

25 "Emergency care percentage" means a fraction, the
26 numerator of which is the total Group 3 ambulatory procedure
27 listing services provided by the hospital in State fiscal year
28 2003, and the denominator of which is the total ambulatory
29 procedure listing services provided by the hospital in State
30 fiscal year 2003.

31 "Large urban area" means an area located within a
32 metropolitan statistical area, as defined by the U.S. Office of
33 Management and Budget in OMB Bulletin 04-03, dated February 18,
34 2004, with a population in excess of 1,000,000.

35 "Medicaid intensive care unit days" means the number of
36 hospital inpatient days during which Medicaid recipients

1 received intensive care services from the hospital, as
2 determined from the hospital's 2002 Medicaid cost report that
3 was on file with the Department as of July 1, 2004.

4 "Other urban area" means an area located within a
5 metropolitan statistical area, as defined by the U.S. Office of
6 Management and Budget in OMB Bulletin 04-03, dated February 18,
7 2004, with a city with a population in excess of 50,000 or a
8 total population in excess of 100,000.

9 (t) For purposes of this Section, a hospital that enrolled
10 to provide Medicaid services during State fiscal year 2003
11 shall have its utilization and associated reimbursements
12 annualized prior to the payment calculations being performed
13 under this Section.

14 (u) For purposes of this Section, the terms "Medicaid
15 days", "ambulatory procedure listing services", and
16 "ambulatory procedure listing payments" do not include any
17 days, charges, or services for which Medicare was liable for
18 payment, except where explicitly stated otherwise in this
19 Section.

20 (v) As provided in Section 5A-14, this Section is repealed
21 on July 1, 2008.

22 (Source: P.A. 94-242, eff. 7-18-05.)

23 (305 ILCS 5/12-4.36 new)

24 Sec. 12-4.36. Pilot program for persons who are medically
25 fragile and technology-dependent.

26 (a) Subject to appropriations for the first fiscal year of
27 the pilot program beginning July 1, 2006, the Department of
28 Human Services, in cooperation with the Department of
29 Healthcare and Family Services, shall adopt rules to initiate a
30 3-year pilot program to (i) test a standardized assessment tool
31 for persons who are medically fragile and technology-dependent
32 who may be provided home and community-based services to meet
33 their medical needs rather than be provided care in an
34 institution not solely because of a severe mental or
35 developmental impairment and (ii) provide appropriate home and

1 community-based medical services for such persons as provided
2 in subsection (c) of this Section. The Department of Human
3 Services may administer the pilot program until June 30, 2009
4 if the General Assembly annually appropriates funds for this
5 purpose.

6 (b) Notwithstanding any other provisions of this Code, the
7 rules implementing the pilot program shall provide for
8 criteria, standards, procedures, and reimbursement for
9 services that are not otherwise being provided in scope,
10 duration, or amount through any other program administered by
11 any Department of Human Services or any other agency of the
12 State for these medically fragile, technology-dependent
13 persons. At a minimum, the rules shall include the following:

14 (1) A requirement that a pilot program participant be
15 eligible for medical assistance under this Code, a citizen
16 of the United States, or an individual who is lawfully
17 residing permanently in the United States, and a resident
18 of Illinois.

19 (2) A requirement that a standardized assessment for
20 medically fragile, technology-dependent persons will
21 establish the level of care and the service-cost maximums.

22 (3) A requirement for a determination by a physician
23 licensed to practice medicine in all its branches (i) that,
24 except for the provision of home and community-based care,
25 these individuals would require the level of care provided
26 in an institutional setting and (ii) that the necessary
27 level of care can be provided safely in the home and
28 community through the provision of medical support
29 services.

30 (4) A requirement that the services provided be
31 medically necessary and appropriate for the level of
32 functioning of the persons who are participating in the
33 pilot program.

34 (5) Provisions for care coordination and family
35 support services that will enable the person to receive
36 services in the most integrated setting possible

1 appropriate to his or her medical condition and level of
2 functioning.

3 (6) The frequency of assessment and plan-of-care
4 reviews.

5 (7) The family or guardian's active participation as
6 care givers in meeting the individual's medical needs.

7 (8) The estimated cost to the State for in-home care,
8 as compared to the institutional level of care appropriate
9 to the individual's medical needs, may not exceed 100% of
10 the institutional care as indicated by the standardized
11 assessment tool.

12 (9) When determining the hours of medically necessary
13 support services needed to maintain the individual at home,
14 consideration shall be given to the availability of other
15 services, including direct care provided by the
16 individual's family or guardian that can reasonably be
17 expected to meet the medical needs of the individual.

18 (c) During the pilot program, an individual who has
19 received services pursuant to paragraph 7 of Section 5-2 of
20 this Code, but who no longer receive such services because he
21 or she has reached the age of 21, may be provided additional
22 services pursuant to rule if the Department of Human Services,
23 Division of Rehabilitation Services, determines from
24 completion of the assessment tool for that individual that the
25 exceptional care rate established by the Department of
26 Healthcare and Family Services under Section 5-5.8a of this
27 Code is not sufficient to cover the medical needs of the
28 individual under the home and community-based services (HCBS)
29 waivers for persons with disabilities.

30 (d) The Department of Human Services is authorized to lower
31 the payment levels established under this Section or take such
32 other actions, including, without limitation, cessation of
33 enrollment, reduction of available medical services, and
34 changing standards for eligibility, that are deemed necessary
35 by the Department during a State fiscal year to ensure that
36 payments under this Section do not exceed available funds.

1 These changes may be accomplished by emergency rulemaking under
2 Section 5-45 of the Illinois Administrative Procedure Act,
3 except that the limitation on the number of emergency rules
4 that may be adopted in a 24-month period shall not apply.

5 (e) The Department of Human Services must make an annual
6 report to the Governor and the General Assembly with respect to
7 the persons eligible for medical assistance under this pilot
8 program. The report must cover the State fiscal year ending on
9 June 30 of the preceding year. The first report is due by
10 January 1, 2008. The report must include the following
11 information for the fiscal year covered by the report:

12 (1) The number of persons who were evaluated through
13 the assessment tool under this pilot program.

14 (2) The number of persons who received services not
15 available under the home and community-based services
16 (HCBS) waivers for persons with disabilities under this
17 pilot program.

18 (3) The number of persons whose services were reduced
19 under this pilot program.

20 (4) The nature, scope, and cost of services provided
21 under this pilot program.

22 (5) The comparative costs of providing those services
23 in other institutions.

24 (6) The Department's progress in establishing an
25 objective, standardized assessment tool for the HCBS
26 waiver that assesses the medical needs of medically
27 fragile, technology-dependent adults.

28 (7) Recommendations for the funding needed to expand
29 this pilot program to all medically fragile,
30 technology-dependent individuals in HCBS waivers.

31 (305 ILCS 5/5-5.22 rep.)

32 Section 16. The Illinois Public Aid Code is amended by
33 repealing Section 5-5.22.

34 Section 99. Effective date. This Act takes effect upon

1 becoming law.